


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90097 045 \*\*\*\*61.25

<b>DOCUMENT # 709798</b> 1. Entity Name CORAL GABLES EMPLOYEES' ASSOCIATION, INC.	
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Principal Place of Business 2600 DOUGLAS ROAD STE 1100 MIAMI, FL 33134	Mailing Address PO BOX 140981 CORAL GABLES, FL 33134 US
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1676537</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLYNE, REGINALD ESQ  
 CLYNE & ASSOCIATES  
 2600 DOUGLAS RD STE 1100  
 MIAMI, FL 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARVIN 14532 SW 107 PL MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CRUMBLEY, RON 2454 NW 177 TERRACE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <del>SPIVEY</del> , JEANIE A. (BERRYHILL) 20715 GULFSTREAM DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLINGS, SHANTELL 10301 SW 148TH TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, SYLVIA 11250 SW 138 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sylvia Wallace* SYLVIA WALLACE 04/11/05 305-586-8734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #